A Qualitative Study of Medication Adherence amongst People with Schizophrenia

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ABSTRACT

The introduction of antipsychotic medication revolutionised the treatment of schizophrenia and significantly improved outcomes for consumers. Nonetheless, non-adherence to antipsychotic medication regimens is common amongst consumers. Whilst ample research has attempted to quantify rates of adherence and identify influences on adherence and non-adherence, few qualitative studies have been undertaken in the area and the consumers' voices have thereby been limited. The research presented in this thesis aimed to enhance understanding of medication adherence from the consumer perspective. Qualitative, semi-structured, one-to-one interviews were conducted with 25 outpatients with schizophrenia from metropolitan Adelaide. Interviews were audio-recorded, transcribed and analysed, guided by a grounded theory approach. Codes identified in open coding were grouped into categories, reflective of the different aspects of consumers' medication taking experiences. It is argued that consumer-related factors, medication-related factors and service-related factors influence adherence behaviour. Whilst some of the codes that were identified as influences on adherence were consistent with previous research findings, such as insight, side effects, efficacy and therapeutic alliance, analysis elaborated different aspects of these factors and shed some light on how they influence adherence. The most commonly raised, novel codes that emerged from interview data related to reflection on experiences and peer worker intervention. Specifically, interviewees commonly reported that they learned from previous illness and medication-related experiences, including

the experience of non-adherence, which was frequently constructed as a motivator for future adherence. Furthermore, when enquired about interventions, many interviewees suggested that peer workers may work more effectively with consumers to encourage adherence. In particular, peer workers were were positioned as having more credibility than other service providers due to their shared experiences with consumers. Research findings support greater involvement of consumers in research due to their valuable contributions. Furthermore, regarding the clinical implications, findings support tailored, individualised interventions, enhanced peer worker involvement and challenge service providers' poor tolerance of non-adherence on the grounds that adherence may represent a learning process.

DECLARATION

I certify that this work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution to Lucinda Clifford and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. In addition, I certify that no part of this work will, in the future, be used in a submission for any other degree or diploma in any university or other tertiary institution without the prior approval of the University of Adelaide.

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